## Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

|  |  |   |  |   |       |                | ·                                      |                          |                            |  |
|--|--|---|--|---|-------|----------------|--|--------------------------|----------------------------|--|
| Establishment Name THORNTONS #1                                      |  |   |  |   |       | Est            | Telephone Number<br>812/949-2035       | Date of<br>Inspection    | ID#                        |  |
| Address<br>2250 STATE STREET, NEW ALBANY IN 47150                    |  |   |  |   |       | Ow             | n 502-425-8022                         | 07/19/2021               |                            |  |
| Owner THORTONS LLC   |  |   |  |   |       |                | Purpose X Routine                      | Follow Up                | <b>Released</b> 07/29/2021 |  |
| Owner's Address<br>2600 JAMES THORNTON WAY LOUISVILLE, KY 40245-5329 |  |   |  |   |       |                | ——Follow-up<br>Complaint               |                          |                            |  |
| Person in Charge<br>BJ PLUTE-DIGNAN                                  |  |   |  |   |       |                | Pre-Operational                        |                          |                            |  |
| Responsible Person's Email ADRIAN.BUTTS@MYTHORNTONS.COM              |  |   |  |   |       |                | Temporary HACCP                        | Menu Type 1 2 <u>X</u> 3 | 4 _ 5 _                    |  |
| Certified Food Handler RACHEL TAGGART                                |  |   |  |   |       |                | Other (list)                           |                          |                            |  |
|  |  |   |  | AND NARRATIVE COLUMN<br>NS ARE DENOTED IN THE |       | " AND IN THE N | JARRAIVE COLUMN MARKED AS "R"          |                          |                            |  |
| Section #  | ction # C NC R Narrative To Be Corrected   |   |  |   |       |                |  |                          |                            |  |
| 344  | Х  |   | Observed handwashing sink in back storage room to be blocked with trash can. |   |       |                |  |                          |                            |  |
| 243<br>422   | <ul> <li>X Observed box of single serve cups on the floor in back storage area.</li> <li>X Observed employee sweater and gloves next to can drinks.</li> </ul> CORRECTED |   |  |   |       |                |  |                          |                            |  |
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| Summary of V   | iolations  | ( | C _  | 1 NC .  | 2 R 0 | _              |  |                          |                            |  |
| Received by (name and title printed):                                |  |   |  |   |       |                | Inspected by (name and title printed): |                          |                            |  |
| BJ PLUTE-DIGNAN  |  |   |  |   |       |                | Christa Manus EHS                      |                          |                            |  |
| Received by (signature):   |  |   |  |   |       |                | Inspected by (signature):              |                          |                            |  |
| cc:  |  |   |  |   | cc:   |                |  | cc:                      |                            |  |